

Morrison, A. Huffaker, M. R. Walker, T. W. Bath, Cullen F. Welty, V. A. Muller, E. P. Sloan. 12. A. W. Morton, San Francisco, "The Fractures That Should Be Operated." Discussion by A. P. Lewis, S. M. Sproat, H. A. Paradis, R. St. Clair. 13. Howard Naffziger, San Francisco, "Resume of Recent Advances in the Diagnosis and Treatment of Surgical Conditions of the Nervous System" 14. John Tees, Reno, Nev., "Acute Primary Pyelitis in Infancy." Discussion by A. Huffaker, G. Carl McPheeters, Cullen F. Welty, William E. Stevens, Miley B. Wesson, E. W. Beach. 15. G. Carl McPheeters, "Obstetrics and Prenatal Care." Discussion by Tees, Hodgins, Thompson. 16. Miley B. Wesson, San Francisco, "The Prostatic Median Bar, Complications and Treatment."

The following members were in attendance at various times during the meeting: D. G. Lynwalter, A. B. De Chene, W. M. Edwards, A. Huffaker, M. R. Walker, A. R. Da Costa, E. E. Hamer, C. W. West, J. L. Robinson, W. N. Kingsbury, C. E. Secor, D. A. Servoss, A. L. Thompson, F. W. Hodgins, G. L. Servoss, C. E. Piersall, H. A. Paradis, M. A. Robison, H. J. Brown, T. W. Bath, Raymond St. Clair, A. L. Stadtherr, B. H. Coples, W. H. Riley, Donald Maclean, R. H. Richardson, E. R. Magee, J. E. Pickard, A. F. Adams, Henry Albert, W. J. Circe, A. P. Lewis, J. A. Fuller, L. V. Smith, V. A. Muller, John Tees, W. L. Samuels, D. L. Shaw, B. Brown, H. L. Dalby, A. J. Hood, S. K. Morrison.

The following visitors were also present at various times during the meeting: W. E. Stevens, C. B. Marston, Mrs. L. M. Boyers, Mrs. Leo P. Bell, Cullen F. Welty, J. T. Watkins, A. W. Morton, W. S. Cann, A. R. Kilgore, A. O. Narvenson, S. M. Sproat, S. S. Bogle, L. M. Boyers, Virginia De Bell, E. Yamao, F. Stalle, E. P. Sloan, H. O. Collinger, A. Kimmel, H. C. Naffziger, G. H. Sanderson, G. H. Marvin, L. L. Stanley, E. W. Albert, Leo P. Bell, G. C. McPheeters, G. F. Pope, Eugene Benjamin, W. W. Washburn, Edith Thomas, Miley B. Wesson, Edward Beach.

BioFood (Propaganda for Reform. Reported by Council on Pharmacy and Chemistry of the A. M. A.)—This is a "patent medicine" combination put out by a concern that seems to go under various names: "Biochemical Food Products Corporation," "Bio-Products Company," and "BioFood Corporation." BioFood has been shrewdly and cleverly marketed. The impression is given that the stuff is a food and not a medicine. Its high price—\$10 a treatment—impresses the public with its value. The treatment consists of a box labeled "A" and two bottles labeled, respectively, "B" and "C." BioFood is sold with the claim that our bodies are composed of twelve tissues containing sixteen elements, that our foods are deficient in these elements, and that BioFood supplies this deficiency and thus "builds up the body by supplying all the elements which nature intended man to have, and thus gives nature a chance to create her own antitoxins and effect a cure." BioFood has been advertised extensively in newspapers, in self-styled medical journals, and by cruelly mendacious advertisements in the Chicago street-cars. The A. M. A. chemical laboratory reports that BioFood "A" may be considered to be composed essentially of milk sugar and flavoring in which has been incorporated small amounts of iron, calcium and manganese salts and phosphate, either as such or in combination such as glycerophosphate. The laboratory found BioFood "B" to be tablets which may be considered to consist essentially of potassium acetate, sodium chlorid, sodium sulphate, and sodium citrate. BioFood "C" was a liquid resembling solution of iron and ammonium acetate, U. S. P., modified by the addition of very small amounts of calcium, magnesium and sodium and phosphate compounds.—Journal A. M. A.

Hectine (Propaganda for Reform. Reported by Council on Pharmacy and Chemistry, A. M. A.)—Hectine is said to be sodium benzo-sulphoaminophenyl-arsenate and, therefore, is similar in composition to the product "Atoxyl." Atoxyl is one of a class of arsenical preparations, the use of which has been generally discontinued in favor of the products of the arsphenamin type. Hectine has not been accepted for New and Non-official Remedies, nor has the American agent, George J. Wallau, Inc., requested such recognition by the Council on Pharmacy and Chemistry.—Journal A. M. A., September 20, 1924, page 942.

Medical Economics and Public Health

"Doctors" and Doctors and Their Taxes—"A whole line of citizens have taken upon themselves the care of the health of the individual and the family, and have appropriated the title of 'doctor,'" says Herman Goodman of New York City, in a letter to CALIFORNIA AND WESTERN MEDICINE. "Types of 'doctors' have multiplied beyond the telling. Self-styled 'doctors' of chiropody; 'doctors' of chiropractic; 'doctors' of health; even 'doctors' of laboratory health; not to speak of the 'doctors' of the seventy cults recently listed by one health board. The populace at large enjoys these cults and faddists, and attends their sessions, calls upon them for services requiring some knowledge of the human mechanisms. As long as the 'doctor' does not actually use the knife or prescribe through ordinary druggists, he is safe and within his rights as a citizen who has assumed as his patriotic duty the care of the health of the individual and the family. Let diphtheria rage through the community; let the enlarged breast be rich in cancer and not in fat; let the mal-alignment of the vertebrae to be tuberculosis—what matter—the drugless healers must go on!

"At whose threshold should all this be laid? Very recently in New York, an attempt was made to register physicians annually (at a fee, of course) and then to have the machinery set up to investigate unlicensed and illegal practitioners. It was not possible to get the doctors to agree on the utility of this legislation. It seemed that it was penalizing the innocent to reach into the maelstrom of the guilty. The physician is already burdened by fees and taxes. He pays for his medical student certificate with which he enters medical school. He pays for the privilege of taking and passing the examinations licensing him to practice medicine and surgery; he pays to register in the county in which he practices; he pays for the privilege of prescribing narcotics to patients in pain (for a while he paid both a state and federal tax). The physician is *numbered* to prescribe alcohol, and to purchase it for office use, although how and why no fee was attached to this nuisance is not understood. So perhaps it is no wonder that it was not possible to get physicians to agree on giving themselves another tax, another set of papers to fill out annually, and another number to add to the growing list each of us has.

"It occurred to us, and I have prepared an editorial comment for Medical Review of Reviews, that honest doctors can change many things without more laws and more numbers. Suppose we agree that instead of a door plate or window sign which reads, Doctor Jones, or as some will have it, J. Jones, M.D., we have our signs read:

John Johns, M. D.
Licensed to practice medicine and
Surgery in this State

"If all who may honestly do so, take this means of informing the world at large that the provisions of the state law of their community have been satisfied, it will put the outcast where he deserves to be—outside the pale. The objections to making public one's privilege to legally carry on the profession of physician and surgeon cannot be strong. No physician objects to having his narcotic license number printed on his prescription blank. No physician can object to having his license and county certificate in his office consulting room, although the old style of having them framed there has passed with the overstuffed furniture. Putting oneself on record makes the illegal practitioner either quit or perjure himself!

"The protection once afforded by the title of 'doctor' to the health seeker has become a spider web. Let us take the matter up; let us be honest; even if it entails a larger placard over our door bell, or two lines instead of one on our letterhead, and office card."

"More Than Most Men the Family Physician Feels the Tragedy of Isolation"—William Osler.—In elaborating upon this subject a special writer (Lancet) believes that in these days of specialization it is no longer easy for an individual medical practitioner to cope single-handed

with the various aspects of disease met with in what is still called general practice.

It is not at all unusual to find multiple partnerships in which the different members of the firm specialize in various departments of medical work to the benefit of all concerned. A firm of medical partners which includes an operating surgeon, an obstetrician, an x-ray operator, an oculist, and possibly an ear and throat specialist, is able to cope with almost any conceivable variety of ailment which may be met with in practice, without any necessity for calling in outside help, and therefore occupies a very strong position as compared with an isolated individual practitioner who must necessarily refer his patients to an independent specialist in many circumstances.

Moreover, since the introduction of the Insurance Act, it has become more difficult for a young medical practitioner to acquire a practice by the simple process of putting up his plate. It is therefore not surprising to find that medical partnerships are becoming more numerous in England.

The advantages are obvious. Responsibility can be shared; the capital value of the practice can be maintained better; outside competition can be more easily met; holidays can be arranged without loss, and team-work can be carried on with all its benefits. It has to be admitted that a man who enters a medical partnership must be prepared to sacrifice a certain amount of independence; but the advantages to be gained are so great that there is no doubt the arrangement would become far more general except for the unfortunate differences that not infrequently arise.

Experience in adjudicating in partnership disputes has convinced me that many of the difficulties peculiar to medical partnerships can be obviated. No medical partnership can be carried on satisfactorily unless there is mutual goodwill between the partners. Consequently, anything likely to become a cause of disagreement must be avoided studiously from the outset. Jealousy is perhaps the rock on which a medical partnership is most likely to be wrecked, and should be carefully guarded against. Mutual trust and loyalty are essential, and each partner should realize that he must play the game in the public-school spirit.

The author then goes quite fully into the nature and essentials of contracts.

Annual Business Statement of the Metropolitan Life Insurance Company—Every citizen of the United States is interested in the Metropolitan Life Insurance Company, whether he knows it or not, and whether or not he wishes to be so interested.

Any organization that has nearly ten billion dollars of life insurance in force in over thirty million policies; that holds as assets billions of dollars' worth of bonds of hundreds of government and private enterprises; that pays over 1400 claims daily; that issues over 17,000 new policies daily; that issues over two billion dollars of new insurance annually; that pays over 130 million dollars to policy holders annually, as does the Metropolitan, constitutes a power for good or evil so vast that it is beyond the grasp of the average mind.

Those of us who are incapable of fully understanding and therefore incapable of criticizing—if we would—the purposes and methods of a business so vast, rest in serene confidence—as we should—that our present laws, law-enforcement machinery, as well as the good intentions of the company's controlling influences, are co-operating effectively to insure the stability of our largest business. That confidence is strengthened by what we do know of the Metropolitan policy of service to humanity.

We can all appreciate the fact that the Metropolitan, as well as other great life insurance companies, "wars effectually upon disease, to lessen suffering and lengthen life. It welcomes strangers to a strange land and helps them find friends and homes. It houses thousands of families through lending money for building purposes. It seeks better relations between employer and employee, and improved living conditions for the worker. Its insurance provides money to educate children, to shield widows and orphans, to yield pensions for old age, to pay off mortgages, to compensate for sickness and accidents, to conserve savings, to repay corporations and other businesses for financial losses resulting from death within their ranks."

Physicians, nurses and all others engaged in the campaign for better health especially realize something of the

value of two and one-half million visits to policy holders by public health nurses and the distribution of over thirty-three million pieces of better health literature annually. As physicians, we know from experience that the Metropolitan can be counted on to sustain, and fight for if necessary, the upholding of medical and health standards resting upon the firm foundation of adequate education for all who work in the broad field of medicine, including public health and so-called health welfare.

"Hospital" and "Dispensary" Defined—Legally in Ohio "any institution or establishment, public or private, for the reception and care of persons for a continuous period longer than twenty-four hours, for the purpose of giving advice, diagnosis or treatment bearing upon the physical or mental health of such person, shall be considered a hospital."

"Any institution or establishment, public or private, for the purpose of giving advice, diagnosis or treatment bearing upon the physical or mental health of an individual, shall be considered a dispensary; provided that a hospital and the quarters of a licensed practitioner of medicine used for his private practice shall not be deemed to come within the meaning of this definition."

Periodic Health Examinations—An editorial (Atlantic Medical Journal) discussion of this subject says:

"There is marked criticism of the Life Extension Institute which has apparently made this a commercial venture. It is universally recognized as a desirable thing to do, but the criticism comes because it has been commercialized—and it has been commercialized because the doctors don't do it. Some of them can't, others won't. Therefore the opportunity for commercializing. It is highly desirable that the doctors should do it: First, that they should understand how to do it; second, that the patients should realize the importance of it, and third, that the doctors should make appointments with the patients to make these periodic examinations of the apparently well.

"These examinations have been endorsed by the American Medical Association and by the State Medical Society as being entirely ethical. Doctors have been urged to take the attitude toward their patients that the dentists do, sending them a little note and requesting them to appear for a general going-over. Some doctors fear that this action will be regarded as unethical and that patients would consider they were commercial, rather than solicitous for their health. There can be no question of the financial profit accruing to the doctor from the general adoption of this custom. There can be even less question of the health profit accruing to the patients. It can be confidently expected that from the standpoint of dollars and cents the future doctor versed in preventive medicine will have a larger income with a lesser strain than will he who clings to the idea that the fire is not to be put out until the smoke is so intense as to suggest that it is a real and dangerous one."

Advertising Today Is a Promise of Business Performance, says H. J. Donnelly, Jr., in the *Annals of Political and Social Science*. It is a creative agency, constructive in its nature, the interpreter of business ideas. As an all-important element in distribution, it expresses the personality of the advertiser, his hopes and his desires. In its form it is simplicity itself, with no complicated machinery to become involved, provided, however, this simplicity is expressed in terms of Truth.

If CALIFORNIA AND WESTERN MEDICINE did not believe our advertisers keep the promises they make, their copy would not be accepted. Criticisms and complaints are promptly investigated, and, if found justified, contracts are canceled or copy changed so that it is "expressed in terms of Truth." You are, therefore, safe in patronizing our advertisers. It is, in fact, an obligation on your part, as they are supporting *your* journal.

We Should Also Know Our California Problem—Chapter 187 of the laws of 1924, laws of New York, a measure fostered by Senator William T. Byrne of Albany county, established a temporary commission "to inquire into and report upon the number, distribution and condition of crippled children throughout the state, and the existing facilities and legal provisions for promoting the care,

treatment, education and general welfare of such children, and to recommend means more adequately to meet their needs."

Costs of Dental Service to Children—As a result of four years of study and investigation, the A. I. C. P. (Association for Improving the Condition of the Poor) authorities have arrived at the interesting conclusion that it costs \$4 per year per pupil to give a reasonable amount of dental supervision to a large group of school children. This is surprisingly expensive. Dentists inform us that they would like to have the opportunity to render this service to large groups at a smaller figure. However, it is an advisable service and ought to be rendered to every person of whatever age.

For persons really unable to pay, the costs whatever they may be are an appropriate charge. On the other hand, those able to pay should have the work done by their own dentists and should pay for it. This principle the promoter of wholesale dentistry and medicine refuse to recognize. They insist that the service must be rendered free and by whatever wholesale method appeals to them. Maybe they will accomplish their purposes, but it is not likely that they will make permanent progress.

The Ban on Heroin (Propaganda for Reform)—As long ago as 1917, the Council on Pharmacy and Chemistry deleted heroin from its handbook of Useful Drugs, saying: "The council holds that heroin has no advantage over morphin; that it has every disadvantage of morphin; and that on the whole its introduction has been harmful, in that it furnished a specious means on the one hand of avoiding the well-founded popular fears of morphin by substituting another habit-forming drug." In 1920 the House of Delegates resolved, "That heroin be eliminated from all medicinal preparations; that it should not be administered, prescribed or dispensed; and that the importation, manufacture or sale of heroin should be prohibited in the United States." The recent Congress enacted, June 7, 1924, a bill prohibiting the importation of opium intended for the manufacture of heroin. The Federal Narcotic Control Board has announced that it will not authorize the importation of any opium intended to replace opium or morphin thereafter converted into heroin. This will prevent the open manufacture of heroin in the United States, and as none can be lawfully imported, heroin will soon disappear from the legitimate market.—Journal A. M. A.

"P-O-4" Not Admitted to N. N. R.—The Council on Pharmacy and Chemistry reports that "P-O-4" is the proprietary non-descriptive designation under which Lehn & Fink, Inc., New York, market a preparation alleged to be a mixture of two parts of tribasic magnesium phosphate and one part of tribasic calcium phosphate. The preparation is claimed to be a "therapeutically balanced" mixture which is "A New Antacid for symptoms of hyperacidity, such as 'acid' stomach, pain, heartburn, acid regurgitation, distress, and gas." The council explains that, in order that a correct estimate of the therapeutic value of tertiary magnesium phosphate and tertiary calcium phosphate may be gained, it is important that physicians use them under their proper names and base the selection of one or the other on the requirements of the particular patient. The council found "P-O-4" inadmissible to New and Non-official Remedies, because the use of a mixture of tertiary calcium phosphate and tertiary magnesium phosphate in fixed proportions under a non-descriptive name is irrational, and the claim that it is "a therapeutically balanced" mixture is unwarranted.—Journal A. M. A.

The California Safety News, official publication of the Industrial Accident Commission, has been enlarged and improved with illustrations and a colorful frontispiece. During the first half of the present year the volume of business transacted by the State Compensation Insurance Fund increased 9.61 per cent. The Fund to date has returned a total of \$7,915,340.25 to policy-holders. The medical fees paid to California doctors during the first six months of 1924 amounted to \$654,530.94.

BOOKS RECEIVED

Fundamentals of Human Physiology. By R. G. Pearce, M. D., formerly Director Medical Research Laboratory, Lakeside Hospital, Cleveland; formerly Assistant Professor of Physiology, University of Illinois, Chicago, and J. J. R. MacLeod, M. B., D. Sc., Professor of Physiology in the University of Toronto, Canada; formerly Professor of Physiology, Western Reserve University, Cleveland, Ohio. Assisted in the Third Edition by Norman B. Taylor. Third Edition. St. Louis: The C. V. Mosby Company, 1924.

Social Problems of Medicine. Addresses before the American Medical Association at Chicago, June 9 and 10, 1924. By William Allen Pusey. Chicago: American Medical Association Press, 1924.

The Inheritance of Acquired Characteristics. By Dr. Paul Kammerer, University of Vienna, Institute for Experimental Biology. Translated by A. Paul Maerker-Branden. Illustrated. Boni & Liveright, Publishers, New York.

The National Health Series. The last six volumes of the twenty health books edited by the National Health Council, as follows:

Adolescence; Educational and Hygienic Problems. By Maurice A. Bigelow, Ph. D. Price 30 cents, net.

Exercises for Health. By Lenna L. Meanes, M. D. Price 30 cents, net.

The Child in School; Care of Its Health. By Thomas D. Wood, M. D. Price 30 cents, net.

The Health of the Worker; How to Safeguard It. By Lee K. Frankel, Ph. D. Price 30 cents, net.

Home Care of the Sick. By Clara D. Noyes, R. N. Price 30 cents, net.

Your Mind and You; Mental Health. By George K. Pratt, M. D. Price 30 cents.

Published by Funk & Wagnalls Company, 354-360 Fourth avenue, New York.

How Is Your Heart? Intimate talks on the prevention of heart disease and on the care of an already damaged heart. By S. Calvin Smith, M. D. Boni & Liveright, Publishers, 1924, New York.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, etc., etc. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, M. D., with the collaboration of fifteen other well-known physicians. Volume III, Thirty-fourth Series, 1924. Philadelphia and London: J. B. Lippincott Company, 1924.

X-rays and X-ray Apparatus. An Elementary Course. By John K. Robertson, Associate Professor of Physics, Queen's University, Kingston, Canada. New York: The Macmillan Company, 1924.

Organotherapy in General Practice. Copyright, 1924, by G. W. Carnrick Co., New York. The Lord Baltimore Press, Baltimore, Md.

Students' Guide to Operative Surgery. By Alfred T. Bazin, M. D., Assistant Professor of Surgery and Clinical Surgery, McGill University. Assisted by F. A. C. Scrimger, M. D.; F. J. Tees, M. D.; L. H. McKim, M. D.; I. McL. Thompson, B. Sc., of the Departments of Surgery and Anatomy, McGill University. Montreal: Renouf Publishing Company.

Annals of Roentgenology. Volume IV. **Normal Bones and Joints Roentgenologically Considered.** 220 Roentgen Ray Studies on 61 full page plates and 34 text illustrations. By Isidore Cohn, M. D., Professor of Clinical Surgery, Tulane University. With a foreword by Rudolph Matas, M. D., Professor of General and Clinical Surgery, Tulane University, New Orleans. New York: Paul B. Hoeber, 1924.

"I want to say in no uncertain terms that the medical schools are not making family doctors fast enough to supply the demand. It takes too long and costs too much money to educate a medical student to the point where he can comply with the medical laws of this state. The medical schools are making specialists, who flock to the cities in fierce competition with each other. 'Well,' you say, 'what has that to do with keeping out the quacks?' We notice there are more quacks in the cities, where we know there are too many physicians.' It is a fact that there are too many physicians in the cities, but they are not family doctors. The few who are doing general practice are, generally, connected with some big clinic."—J. E. Dildy, M. D. (Texas State Journal Medicine).